

MAR 24 2004

OFFICIAL

Atty Docket No. 020752-000121US

PTO FAX NO.: 1-703-872-9306

ATTENTION: Examiner Kielin, Erik J.
TELEPHONE NO.: 703-306-5980

Group Art Unit 2813

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Kielin, Erik J.

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in Application No. 09/977,069, filed October 11, 2001 for SELF-ASSEMBLED NEAR-ZERO-THICKNESS MOLECULAR LAYERS AS DIFFUSION BARRIERS FOR CU METALLIZATION are being facsimile transmitted to the Patent and Trademark Office on the date shown below.


Document(s) Attached

1. Transmittal
2. Fee Transmittal
3. Petition for Extension of Time
4. Notice of Appeal

Number of pages being transmitted, including this page:

5

Dated:

3/24/04 

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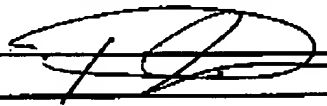
60172552 v1

PTO/SB/21 (08-03)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/977,069
		Filing Date	October 11, 2001
		First Named Inventor	Ramanath, G.
		Art Unit	2813
		Examiner Name	Kietin, Erik J.
Total Number of Pages in This Submission		Attorney Docket Number	020752-000121US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Patrick R. Jewlik Reg. No. 40,456
Signature	
Date	3/24/04

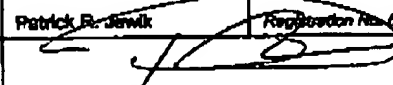
CERTIFICATE OF FAX TRANSMISSION	
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Typed or printed name	 PATRICK JEWLIK
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80172559 v1

PTO/SB/17 (10-03)

FEE TRANSMITTAL for FY 2004		<i>Complete if Known</i>	
<i>Effective 10/01/2003, Patent fees are subject to annual revision.</i>		Application Number	09/977,089
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 11, 2001
		First Named Inventor	Ramanath, G.
		Examiner Name	Kelin, Erik J.
		Art Unit	2813
		Attorney Docket No.	020752-000121US
TOTAL AMOUNT OF PAYMENT (\$) 440			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																															
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Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1051</td> <td>130</td> <td>2051 65</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1052</td> <td>50</td> <td>2052 25</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1053</td> <td>130</td> <td>1053 130</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1812</td> <td>2,520</td> <td>1812 2,520</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1804</td> <td>820*</td> <td>1804 820*</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1805</td> <td>1,840*</td> <td>1805 1,840*</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1251</td> <td>110</td> <td>2251 65</td> <td>110</td> </tr> <tr> <td></td> <td></td> <td>1252</td> <td>420</td> <td>2252 210</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1253</td> <td>850</td> <td>2253 475</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1254</td> <td>1,480</td> <td>2254 740</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1255</td> <td>2,010</td> <td>2255 1,005</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1401</td> <td>330</td> <td>2401 185</td> <td>830</td> </tr> <tr> <td></td> <td></td> <td>1402</td> <td>330</td> <td>2402 165</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1403</td> <td>290</td> <td>2403 145</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1451</td> <td>1,610</td> <td>1451 1,510</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1452</td> <td>110</td> <td>2452 55</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1453</td> <td>1,330</td> <td>2453 665</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1501</td> <td>1,330</td> <td>2501 665</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1502</td> <td>480</td> <td>2502 240</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1503</td> <td>640</td> <td>2503 320</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1480</td> <td>130</td> <td>1480 130</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1807</td> <td>50</td> <td>1807 50</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1806</td> <td>180</td> <td>1806 180</td> <td></td> </tr> <tr> <td></td> <td></td> <td>8021</td> <td>40</td> <td>8021 40</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1809</td> <td>770</td> <td>2809 385</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1810</td> <td>770</td> <td>2810 385</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1801</td> <td>770</td> <td>2801 385</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1802</td> <td>900</td> <td>1802 900</td> <td></td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1051	130	2051 65				1052	50	2052 25				1053	130	1053 130				1812	2,520	1812 2,520				1804	820*	1804 820*				1805	1,840*	1805 1,840*				1251	110	2251 65	110			1252	420	2252 210				1253	850	2253 475				1254	1,480	2254 740				1255	2,010	2255 1,005				1401	330	2401 185	830			1402	330	2402 165				1403	290	2403 145				1451	1,610	1451 1,510				1452	110	2452 55				1453	1,330	2453 665				1501	1,330	2501 665				1502	480	2502 240				1503	640	2503 320				1480	130	1480 130				1807	50	1807 50				1806	180	1806 180				8021	40	8021 40				1809	770	2809 385				1810	770	2810 385				1801	770	2801 385				1802	900	1802 900	
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims: <input type="text"/> Extra Claims: <input type="text"/> Fee from below: <input type="text"/> Fee Paid: <input type="text"/> Independent Claims: <input type="text"/> Fee Paid: <input type="text"/> Multiple Dependent: <input checked="" type="checkbox"/> Fee Paid: <input type="text"/>		Other fee (specify): _____ *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 440																																																																																																																																																																															

SUBMITTED BY		<i>Complete if applicable</i>	
Name (Print/Type)	Patrick R. Jawlik	Registration No. (Attorney/Agent)	40,456
Signature		Telephone	415-576-0200
		Date	3/24/04

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